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CONFIRMATION NO. 8897

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|---|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/602,358  | <b>FILING or 371(c) DATE</b><br>06/23/2003<br><b>RULE</b>   | <b>CLASS</b><br>398           | <b>GROUP ART UNIT</b><br>2476   | <b>ATTORNEY DOCKET NO.</b><br>000010U1/QUALP853USA |                                |
| <b>APPLICANTS</b><br>Leonard N. Schiff, San Diego, CA; David S. Miller, Auckland, New Zealand;<br><b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/398,278 07/23/2002<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>09/02/2003 |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /ANDREW CHUNG<br>Acknowledged CHEUNG LEE/<br>Examiner's Signature                      | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWINGS</b><br>11  | <b>TOTAL CLAIMS</b><br>38                          | <b>INDEPENDENT CLAIMS</b><br>7 |
| <b>ADDRESS</b><br>TUROCY & WATSON, LLP<br>127 Public Square<br>57th Floor, Key Tower<br>Cleveland, OH 44114<br>UNITED STATES  |   |                               |   |  |                                |
| <b>TITLE</b><br>REDUCING INTERFERENCE BETWEEN USERS IN A COMMUNICATIONS SYSTEM THROUGH TIME SCATTERING  |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>1540  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |